

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-030261**

**7526**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**FILED AUG 15 1963**

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St Louis, Missouri**

Length of stay in 1b  
**8 days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Illinois** b. COUNTY

c. CITY OR TOWN **East Alton**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Vets Admin Hospital**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**236 Virginia Ave**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **Bennie**

Middle

Last **Malone**

4. DATE OF DEATH

Month **7** Day **20** Year **1963**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**5/19/93**

9. AGE (last birthday)  
**70**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**carpenter**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Winchester, Ill.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Sidney Malone**

13b. MOTHER'S MAIDEN NAME

**Lucy Fitch**

14. NAME OF HUSBAND OR WIFE

**Elsie L Malone**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes WW I**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Elsie L Malone (wife) See 2 above**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**HEART FAILURE**

INTERVAL BETWEEN ONSET AND DEATH  
**1 day**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**TETANUS**

**11 days**

DUE TO (c)

**LEFT HAND**

**15 days**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

**Hand caught in power mower**

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year  
**7-5-63**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**At home**

20f. CITY, TOWN, OR LOCATION

**East Alton, Ill.**

COUNTY

STATE

21. I attended the deceased from **7/13/63** to **7/20/63** and last saw him alive on **7/20/63**  
Death occurred at **2:20 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Mr. Albert H. Hoppe, Inc.** MD

22b. ADDRESS

**VAH, St Louis, Mo.**

22c. DATE SIGNED

**7/20/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE  
**7/22/63**

23c. NAME OF CEMETERY OR CREMATORY

**Winchester, Illinois.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Albert H. Hoppe, Inc., 4700 Washington Blvd.**

25. DATE RECD. BY LOCAL REG.

**JUL 22 1963**

26. REGISTRAR'S SIGNATURE

**Lois Smith, M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

*OK*  
*Alvin L. Taylor*  
*8-16-63*  
*Coroner*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.